

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CMS Equipment Group, Inc. a domestic profit corporation

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

200002663282--6 -10/14/98--01029--001 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

John H. Evans, Esquire

(Name of Person)

John H. Evans, P.A.

(Firm/Company)

1702 S. Washington Avenue

(Address)

Titusville, FL 32780

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

John H. Evans

at ( 407

) 267-5504

(Name of Person)

(Area Code & Daytime Telephone Number)

#### COURIER ADDRESS:

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

P.S. Please stamp the enclosed copy and return to me. Thank you.

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FÖLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l.	CMS EQUII	PMENT GROUP, INC.,	, a domestic	profit	corpora	tion				
	words or abbre	oration; must include the viations of like import in or partnership if not so co	language as will	clearly indic	ate that it					_
2.	Georgia	y under the law of which	it is incomparated		<u>58–22</u>	68726 (FEI numb	er if annli	oohla)	-	· ·
4.	10/29/199	_	5	Perpeti	72 T	p. will cease			ual")	
6.	November	1, 1998	-							<u></u>
7.	•	at transacted business in F outh Hopkins Avenu	, ,		7.1501, 60	7.1502 and	817.155, I	F.S.)	98 OC	DIVISIO
	Titusvi	lle, Florida 3278			·				7 14	REJA PA
			(Current mailing	gaddress)					70	37
8.		ry broker	· · · · · · · · · · · · · · · · · · ·						PM 4: q	
	(Purpose	(s) of corporation authorized	zed in home state	or country t	o be carri	ed out in sta	te of Flori	ida)	7	
9.	Name and str	eet address of Florida	registered age	at: (P.O. B	ox or Ma	ail Drop Bo	x <u>NOT</u> a	cceptable	e) ?	তি
	Name:	Billy J. Church				 		~		
Of	fice Address:	iress: 3206 South Hopkins Avenue, Suite 217								
		Titusville			Florida,	32780	-			
					, -	(Zip code)	<del></del> -			

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECT	ORS (Street address only - P.O. Box NOT acceptable)									
Chairman:	Billy J. Church									
	3206 South Hopkins Avenue, Suite 217									
	Titusville, FL 32780									
Vice Chairma	m: Elizabeth Ann Church									
Address:	3206 South Hopkins Avenue, Suite 217									
	Titusville, FL 32780									
Director:										
Address:										
Director:	98 0 98 0									
Address:	C 9%									
	RS (Street address only - P.O. Box NOT acceptable)									
President:	Billy J. Church									
Address:	3206 South Hopkins Avenue, Suite 217									
	Titusville, FL 32780									
Vice President										
Address:										
Secretary:	Elizabeth Ann Church									
Address:	3206 South Hopkins Avenue, Suite 217									
	Titusville, FL 32780									
Treasurer:	Elizabeth Ann Church									
Address:	3206 South Hopkins Avenue, Suite 217									
	Titusville, FL 32780									
NOTE: If ne	cessary, you may attach an addendum to the application listing additional officers and/or directors.									
13.										
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)									
14 Bill	ly J. Church, President									

# Secretary of State

**Corporations Division** 315 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CMS EQUIPMENT GROUP, INC. ATTN: ARTHUR MURPHY 9 WEST BROAD STREET NEWNAN GA 30264

DOCKET NUMBER CONTROL NUMBER DATE INC/AUTH/FILED: 10/29/1996 JURISDICTION

PRINT DATE

. 982680388 9634178 : GEORGIA : 09/25/1998

FORM NUMBER 211

#### CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### CMS EQUIPMENT GROUP, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

SECRETARY OF STATE

